

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. 144

Place of Birth Miami County GILA No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
<u>MALE</u>					
DATE OF BIRTH* <u>JAN</u> <u>18</u> <u>1923</u> (Month) (Day) (Year)					
FULL* NAME	FATHER <u>ANGEL HERNANDEZ</u>				
FULL* MAIDEN NAME	MOTHER <u>ARTEMISA PEREZ</u>				

I HEREBY CERTIFY that the child described herein has been named

ANGEL P. HERNANDEZ
(Give name in full) (Surname)
Artemisa Hernandez
(Parent's Signature)

(Signature of Physician or Midwife) _____

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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